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ABSTRACT

Many times nursing educators expect students to react in an emergency situation in the same manner that experienced nurses would respond in the same situation. Being held responsible for patients is often overwhelming for nursing students, yet nursing educators expect that they take on this dual role of student and professional in the nursing situation. It is important that the students' human (especially emotional) needs are considered as they begin the nursing process of assessing, planning for, and intervening in patient care. How student nurses react in this real life encounter has an influence on them as well as on the patients. How instructors respond to the students' human reaction can make the difference between a successful and unsuccessful initial clinical experience. The students' fears, their lack of skill and knowledge, their feelings of inadequacy, their identifying with the patients, all set up roadblocks to learning. It is the instructor's role to help students cope with these problems. Instructors should make a concerted effort to get in touch with the feelings of students and to be aware of their dual role as students and as professionals. (Author/LH)

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# THE DUAL ROLE OF THE STUDENT NURSE

by

Ann Leonard

Many time educators expect students to react in an emergency situation in the same manner that an experienced nurse would respond in the same situation. Being held responsible for the patient is often overwhelming for the student, yet nursing educators expect that they take on this dual role of student and professional in the nursing situation.

Student nurses are human beings. They have human needs that must be met especially when they first encounter the patient. It is important that the student's human (especially their emotional needs) are considered as they begin the nursing process of assessing, planning, and intervening for patient care.

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How the student nurse reacts in this real life encounter has an influence on them as well as on the patient. How the instructor responds to their human reaction can make the difference between a successful and unsuccessful initial clinical experience.

Prior to this, their encounter with patients has been minimal. In all likelihood they have bathed patients, taken the vital signs, and changed dressings. They have met with patients only a few hours a week.

Although the beginning students are expected to understand the underlying principles of the nursing skills, they aren't always proficient in these skills and haven't absorbed all the knowledge that is contained in their text books. This fact, coupled with the advances made in medical technology, generates fear in the students as they encounter the patients for the first time. They are fearful of doing the wrong things and fearful of not doing the right things. As a result they may do nothing at all or they may harm the patient. This can be illustrated by the student, Miss S.B. who excitedly ran to the instructor and reported that her patient, who was receiving anticoagulant therapy, was hemorrhaging at the

intravenous site. Instead of intervening, she ran to the instructor for help. The instructor was able to control the hemorrhage with the student in attendance. At post conference, the student described the shock and fear caused by the sudden and unexpected hemorrhaging. The instructor could have criticized her harshly for displaying her shock and fear but it was more beneficial to acknowledge her human feelings and point out that her failure was caused by lack of proficiency in nursing skills which she would eventually possess. They make comments like, "It takes such a long time to do our studying in order to be prepared to take care of the sick, and the development of new knowledge is time consuming." Students often reveal a misconception of the depth of knowledge required for nursing. The instructor's wise use of pre and post conference sessions will help the students recall what they have studied, also frequent reassurances that the knowledge they are learning is going to become ingrained so that they won't have to make as much conscious effort as they become more experienced.

A problem the students often discuss as post conference is their fear of cancer. This is apparent

when they describe the assessment of the terminally ill patient. One student in her summary stated: "There is no quick relief of pain for the terminally ill cancer patient." The instructor's empathy with patients coupled with her emotional stability provides a role model which gives the students an example of her ability to face reality without being overcome by it. Permitting the students to discuss their feelings helps them to develop a mature understanding of the nursing role.

Frequently in clinical situations the students assessment of a patient stirs up emotional reactions. Miss R.F. says at post conference that the planning of care for her patient, diagnosed as having Leukemia, was earth shattering. As she described the symptoms, she identified the patient with her brother who died a few months earlier.

Another student, Miss L.C. wept at conference as she described the cardiac arrest of a newly admitted patient, diagnosed as myocardial Infarct, who expired. She identified the patient with her father who was the same age.

One student Miss M.B. was highly upset during post conference. She was identifying herself with her patient who was about the same age, and had facial burns sustained from an automobile accident. Miss B. fainted during the changing of the dressings.

Often, during conference, a student will describe how she studiously avoided going near a patient with a diagnosis of Sickle Cell Crisis. After discussion and questions, she admits that she identified the patient with her boyfriend.

Students must be taught to separate a personal life from a professional life. They must acquire this understanding because they will be reminded of personal attachments on many, many occasions when a truly professional attitude is absolutely necessary.

In discussion with students, the instructor can help them to draw upon the knowledge they gained in the courses in Psycho-social Aspects of Nursing and Applied Psychology. They must identify the cause of their emotional reactions and begin taking the steps necessary to separate the professional from their personal lives.

Students frequently confront patients whose cultures vary from their own. When the nursing students begin to minister to patients, it may be the first time that they will have come upon someone having a cultural background different from their own. In trying to cope with these various cultural backgrounds, they must make an effort to contain and respect the other's culture. For instance, this different cultural background may prompt the Chinese patient to request tea and rice at all meals. An Italian patient on a bland diet may request spicy foods. Students have to learn to deal with these different cultural backgrounds in a humane way, meeting the requests when possible or clarify or explain in response to the patient's questions. If it is their first encounter with cultural backgrounds different from their own, it is understandable that they may not realize how important the requests are to the patients involved.

The student should not be expected to have a

background similar to the instructor's. Realizing where variations occur is an approach to filling in the gaps. This applies to the gap between instructor and student as well as between student and patient.

Students say that they find it difficult to interview patients and say that the patient ends up interviewing them instead. Becuase they are human and want to empathize with the patient they let this happen. The instructor can help by reminding them to use the Interview Guide sheets and by giving them specific help on how to direct a patient's remarks toward the patient's history.

The instructor who truly understands the human feelings of students is happy to observe the look of jubilance on the face of a student reporting on a follow-up of a CVA patient who has demonstrated increased strength in the hand grasp. That instructor knows that the student nurse is a true angel of mercy--but at the same time professional student.

Problems like these described above are normal for students in their early encounters with patients.

The students' fears, their lack of skill and knowledge, their feelings of inadequacy, their identifying with the patients, set up roadblocks to learning. It is the instructor's role to help the students to cope with these problems.

The instructor should make a concerted effort and endeavor to find a way to get in touch with the feelings of their students. They should be aware of the dual role as student and as professional.

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